

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212525863				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Consumer Credit Counseling Service of GreaterAtlanta, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA 23219</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: GA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 8/31/2012</p> <p>SCC ID NO: F1558933</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED		
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 270 PEACHTREE STREET, NW STE 1800</p> <p style="text-align: center;">CITY/ST/ZIP: ATLANTA, GA 30303</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PHILIP NEAL BALDWIN TITLE: PRESIDENT ADDRESS: 270 PEACHTREE STREET, NW SUITE 1800 CITY/ST/ZIP/CO: ATLANTA, GA 30303 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> <td style="width: 30%;"></td> </tr> </table>			NAME: PHILIP NEAL BALDWIN TITLE: PRESIDENT ADDRESS: 270 PEACHTREE STREET, NW SUITE 1800 CITY/ST/ZIP/CO: ATLANTA, GA 30303	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GLENN T AUSTIN JR TITLE: DIRECTOR ADDRESS: 5640 ERROL PLACE NW CITY/ST/ZIP/CO: ATLANTA, GA 30327 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> <td style="width: 30%;"></td> </tr> </table>			NAME: GLENN T AUSTIN JR TITLE: DIRECTOR ADDRESS: 5640 ERROL PLACE NW CITY/ST/ZIP/CO: ATLANTA, GA 30327	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: GLENN T AUSTIN JR TITLE: DIRECTOR ADDRESS: 5640 ERROL PLACE NW CITY/ST/ZIP/CO: ATLANTA, GA 30327	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SCOTT BOHRER TITLE: DIRECTOR ADDRESS: 2455 PACES FERRY ROAD CITY/ST/ZIP/CO: ATLANTA, GA 30339 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> <td style="width: 30%;"></td> </tr> </table>			NAME: SCOTT BOHRER TITLE: DIRECTOR ADDRESS: 2455 PACES FERRY ROAD CITY/ST/ZIP/CO: ATLANTA, GA 30339	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: SCOTT BOHRER TITLE: DIRECTOR ADDRESS: 2455 PACES FERRY ROAD CITY/ST/ZIP/CO: ATLANTA, GA 30339	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KEITH BROWNING TITLE: DIRECTOR ADDRESS: 550 PHARR ROAD SUITE 530 CITY/ST/ZIP/CO: ATLANTA, GA 30305 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> <td style="width: 30%;"></td> </tr> </table>			NAME: KEITH BROWNING TITLE: DIRECTOR ADDRESS: 550 PHARR ROAD SUITE 530 CITY/ST/ZIP/CO: ATLANTA, GA 30305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: KEITH BROWNING TITLE: DIRECTOR ADDRESS: 550 PHARR ROAD SUITE 530 CITY/ST/ZIP/CO: ATLANTA, GA 30305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				

NAME:	BOB EISENBEIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4421 RIVER BOTTOM DRIVE		
CITY/ST/ZIP/CO:	NORCROSS, GA 30092		
NAME:	ROB EISON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2180 LAKE BLVD, NE		
CITY/ST/ZIP/CO:	ATLANTA, GA 30319		
NAME:	KEVIN GREINER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3625 CUMBERLAND BLVD		
CITY/ST/ZIP/CO:	SUITE 1500 ATLANTA, GA 30339		
NAME:	JOE GRIFFIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10 TENTH STREET		
CITY/ST/ZIP/CO:	SUITE 1400 ATLANTA, GA 30309		
NAME:	ESTHER HAMMOND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3915 Cascade Road		
CITY/ST/ZIP/CO:	Atlanta, GA 30331		
NAME:	ERIC HARTZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 Green Park Court, NW		
CITY/ST/ZIP/CO:	SUITE 1560 ATLANTA, GA 30327		
NAME:	CATHY HILTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	55 GLENLAKE PARKWAY, NE		
CITY/ST/ZIP/CO:	ATLANTA, GA 30328		
NAME:	LARRY HOSKINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	171 17TH STREET, NW		
CITY/ST/ZIP/CO:	GA4051 ATLANTA, GA 30303		
NAME:	LOREN KRANZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2859 PACES FERRY ROAD		
CITY/ST/ZIP/CO:	SUITE 900 ATLANTA, GA 30319		
NAME:	KENA LEWIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1414 KUHL AVENUE		
CITY/ST/ZIP/CO:	ORLANDO, FL 32806		

NAME:	BOBBIE MCCRACKIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1000 PEACHTREE ST NE		
CITY/ST/ZIP/CO:	10TH FLOOR ATLANTA, GA 30309		
NAME:	SANDRA MORELLI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1230 PEACHTREE STREET, NE		
CITY/ST/ZIP/CO:	SUITE 3800 ATLANTA, GA 30309		
NAME:	JOE OESTERLING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	320 INTERSTATE NORTH PARKWAY		
CITY/ST/ZIP/CO:	SUITE 300 ATLANTA, GA 30339		
NAME:	RALPH PERALES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3 CORPORATE BLVD		
CITY/ST/ZIP/CO:	SUITE 250 ATLANTA, GA 30329		
NAME:	KIERAN QUINN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3455 Peachtree Road, NE		
CITY/ST/ZIP/CO:	Suite 500 ATLANTA, GA 30326		
NAME:	DAVID RUBINGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	825 GLENGATE PLACE		
CITY/ST/ZIP/CO:	ATLANTA, GA 30328		
NAME:	TRACY RYAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	600 Peachtree Street, NE		
CITY/ST/ZIP/CO:	3RD FLOOR ATLANTA, GA 30308		
NAME:	BELINDA STUBBLEFILED	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2785 VELTR TERRACE		
CITY/ST/ZIP/CO:	ATLANTA, GA 30311		
NAME:	CAROLYN ALFORD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1180 PEACHTREE STREET, NE		
CITY/ST/ZIP/CO:	ATLANTA, GA 30309		
NAME:	GREG MCBRIDE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11760 US Hwy One		
CITY/ST/ZIP/CO:	Suite 200 North Palm Beach, FL 33408		

NAME:	GREG WILLIAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1155 PEACHTREE STREET, NE		
CITY/ST/ZIP/CO:	Suite 900 ATLANTA, GA 30309		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ PHILIP NEAL BALDWIN	PHILIP NEAL BALDWIN,	7/11/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT	DATE	
	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			